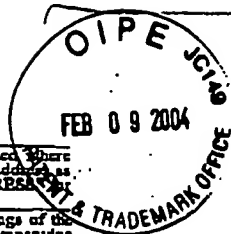


PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail Stop ISSUE FEE**
Commissioner for Patents
Alexandria, Virginia 22313-1450
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CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark by this any correction or use Block 1)
 7590 09/30/2003

FENNIE & EDMONDS LLP
1155 AVENUE OF THE AMERICAS
NEW YORK, NY 10036

COOPER & DUNHAM LLP - Robert D. Katz, Esq.
1185 Avenue of the Americas
New York, NY 10036

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Robert D. Katz Reg. #30,141 (Depositor's name)
Robert D. Katz (Signature)
Feb 9, 2004 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/383,662	08/26/1999	AJQUN HU	9661-0005-99	6865

TITLE OF INVENTION: BROAD-BRAND MPSK SPREAD SPECTRUM COMMUNICATIONS RECEIVER WITH CARRIER RECOVERY AND TRACKING USING CORRELATION TECHNIQUES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES		\$0		12/30/2003

EXAMINER	ART UNIT	CLASS-SUBCLASS
CHANG, EDITH M	2634	375-130000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. **Robert D. Katz;**
 2. **Cooper & Dunham LLP**
 3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

The University of Hong Kong

Hong Kong, China

Please check the appropriate assigner category or categories (will not be printed on the patent): ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☐ Issue Fee

☐ Publication Fee

☐ Advance Order - # of Copies **10**

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Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature) *Robert D. Katz* (Date) **2-9-04**

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PTOL-85 (Rev. 08/03) Approved for use through 04/30/2004.

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